## ASSIGNMENT OF CERTIFICATE OF DEPOSIT AS SECURITY (pursuant to the Health Spa Act, Texas Occupations Code, Chapter 702)

when the Certificate of Deposit is received.	I, (We)		,
(		(Assignor's Name)	
do hereby assign to the Secretary of State of the State of Texas all right, title and interest of the assignor in and to CD No	(Assignor's Adda	ess)	
do hereby assign to the Secretary of State of the State of Texas all right, title and interest of the assignor in and to CD No for \$ issued by	() (Assignor's Phone)	, hereafter assignor, fo	or the benefit of(Name of Health Spa)
CD No		(Address of Health Spa)	
, an institution, (Address of Financial Institution), an institution insured by the Federal Deposit Insurance Corporation.  THIS assignment will satisfy the requirements of Health Spa Act, Texas Occupations Code, Chapter 702 when the Certificate of Deposit is received.	do hereby assign to the Secr	etary of State of the State of To	exas all right, title and interest of the assignor in and to
, an institution, (Address of Financial Institution), an institution insured by the Federal Deposit Insurance Corporation.  THIS assignment will satisfy the requirements of Health Spa Act, Texas Occupations Code, Chapter 702 when the Certificate of Deposit is received.	CD No	for \$	issued by
insured by the Federal Deposit Insurance Corporation.  THIS assignment will satisfy the requirements of Health Spa Act, Texas Occupations Code, Chapter 702 when the Certificate of Deposit is received.			
THIS assignment will satisfy the requirements of Health Spa Act, Texas Occupations Code, Chapter 702 when the Certificate of Deposit is received.		(Address of Financial Institution)	
when the Certificate of Deposit is received.	insured by the Federal Depo	osit Insurance Corporation.	
THIS Certificate of Deposit is payable to the favor of the State of Texas and shall be held by the State of Texas for the benefit of any members of	when the Certificate of Dep  THIS Certificate of Texas for the benefit of any who suffer financial losses of	osit is received.  Deposit is payable to the favor members of	(Name of Health Spa) (Name of Health Spa) (Name of Health Spa)
	702.	as provided	oy from the first forms decupations doubt, chapter
THIS assignment shall remain in full force and effect until expressly withdrawn by assignor with the approval of the Secretary of State. If a claim is made against this Certificate of Deposit causing the deposit to be lessened, the	approval of the Secretary of lessened, the	State. If a claim is made again of Health Spa)	nst this Certificate of Deposit causing the deposit to be has 20 calendar days
Form #3004	Form #3004		

STATE OF	)			
COUNTY OF	)			
Sworn to and subso	cribed before me on the		day of	
	Notary Public Signati	Iro		
Seal	rvotary I done Signati	iic		
Scar				
	Printed Name of Nota	ary Public		
	<<<<	<<<<<<>>	>>>>>>	
The Financial Insti	tution named herein ack	enowledges this a	ssignment.	
Signature of Office	er		Date	
Printed Name & Ti	tle			
Timed (value & 1)	ido			
	<b>&lt;</b> <<<	<<<<<<>>	>>>>>>	
	RECEIPT OF SEC	URITY AND DIE	RECTION TO PAY E	ARNINGS
	edged of the above assi om the Certificate of De			eby authorized and directed t
DATE:				
		_		
Signature (for the S	Secretary of State)			
(Printed Name)				
(Title)				